2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N06000005466

Entity Name: THE GENERATION CONNECTION, INC.

Current Principal Place of Business:

519 NE 1ST ST
1
GAINESVILLE, FL 32601

New Principal Place of Business:

224 NW 2ND AVE
1
GAINESVILLE, FL 326015267

Current Mailing Address:

519 NE 1ST ST
1
GAINESVILLE, FL 32601

New Mailing Address:

224 NW 2ND AVE
1
GAINESVILLE, FL 326015267

FEI Number: 20-4958016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVNIE, JOEL
519 NE 1ST ST
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

DAVNIE, JOEL
224NW 2ND AVE
GAINESVILLE, FL 326015267 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/27/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAUNIC, JOEL G
Address: 519 NE 1ST ST
City-St-Zip: GAINESVILLE, FL 32601

Title: V ( ) Delete
Name: DAUNIC, ANN P
Address: 519 NE 1ST ST
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: DAUNIC, RHYS E
Address: 509 6TH AVENUE
City-St-Zip: BROOKLYN, NY 11215

Title: D ( ) Delete
Name: JONES, HAZEL A
Address: 1031 NE 5TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: T ( ) Delete
Name: WARD, JOHN
Address: 10425 SW 48TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL DAUNIC P 04/27/2009
Electronic Signature of Signing Officer or Director — Date